

The voice of the Case Manager

CMASANOW

pregnancy and female cancers

WORKSHOP & CONFERENCE 2023
have you registered?

BIRTHING OPTIONS FOR WOMEN IN SA
4 birthing options to consider

GYNAECOLOGICAL CANCERS
world's 10 most common cancers in women

CLINICAL CODING
ICD coding in SA, where do we stand?

Note from the desk of the NOC Chairperson

Yvonne Bredenhann - South Africa



Can you believe, just like sand through the hourglass, so are the months of the year flowing by super-fast. (I'm showing my age now... days of our lives...)

Just last week we were wishing everyone a happy festive season and then “BOOM” it was Happy New Year and everyone getting used to the new tariffs and codes implemented, and then love flowing for Valentine’s Day. It is said that time flies when you are having fun, but WOW! It seems to be moving faster and faster with each passing day.

So... what to look forward to in this next quarter:

- Arrangements are on the go for the next chapter meetings in all the regions – look out for these, time to meet and build on the amazing networking opportunities.
- Planning and booking for Conference 2023 is in full swing. If anyone has possible sponsorship leads, please remember to send these to Sharon or myself.

Don't forget the available discounts available for all “paid up” members.

We cannot wait to see you all in JHB in May 2023!

Thank you all for the continued support

Yvonne



Workshop & Conference 2023 Invitation

Workshop:	Wednesday, 10 May
Theme:	Back to Basics while Embracing Change
Conference:	Thursday, 11 May & Friday, 12 May
Theme:	Advocacy, Innovation and Collaboration
Gala Dinner & Awards:	Thursday, 11 May
Theme:	Black and White with a Touch of Bling
Venue:	<u>Southern Sun O.R. Tambo International Airport</u>
Workshop Cost:	Member - R1800.00 Non Member - R2200.00 Includes Lunch & Tea Breaks
Conference Cost:	Member - R2000.00 Non Member - R2700.00 Includes Lunches, Tea Breaks & Gala Dinner
Early Bird Discount:	R100.00 if full conference fee is paid by 31 March
Other Costs:	Conference Day Fee - R1400.00 Includes Lunches, Tea Breaks & Gala Dinner Partner Dinner - R485.00
Accommodation:	
Single	R1450.00 per person Bed & Breakfast
Sharing:	R1650 per room Bed & Breakfast (Excludes 1% tourism levy)
Shuttle Service:	Runs to/from the Airport every 30 minutes

Register Today

Health Awareness Highlights for 2023

The Health awareness calendar is full for the year, so we will be sending out quarterly updates on what's in store. The 1st quarter focuses on a vast variety of topics, just to name a few:

- Cancer
- Female Health
- STD, etc.
- Pregnancy

January 2023	
SunSmart Skin Cancer Awareness Month	
4	World Braille Day
29	World Leprosy Day
February 2023	
Healthy Lifestyle Awareness Month	
Reproductive Health Month	
Environmental Health Awareness Month	
4	World Cancer Day
6-10	Pregnancy Awareness Week
	STI/ Condom Week
13	International Epilepsy Day
13-17	National Epilepsy Week
17	Health Lifestyle Awareness Day
20-31 Mar	Human Papillomavirus(HPV) vaccination first round
March 2023	
TB Awareness Month	
3	World Hearing Day
3	World Birth Defects Day
4	World Obesity Day
12-18	World Glaucoma Week
8	International Womans Day
13-19	World Salt Awareness Week
9	World kidney Day
12	World Glaucoma Day
20	World Head Injury Awareness Day
21	Human Rights Day
21	World Down Syndrome Day
24	World TB Day

Birthing Options for women in South Africa

By Kay Cupido



In this day and age, we take for granted that delivery options for most women are simple.

Many people belong to Medical Aids and it is fairly straightforward to get a service from one of the many Private Obstetricians and private hospitals around us.

For most, birthing options speak of **Vaginal birth** versus **Caesarean Section**.

These are merely the two ways that a baby can be birthed. There are however 4 birthing options to consider. If a woman is pro-active and looking into birthing options, they will soon realise that sometimes things don't happen as planned and unfortunately, we are not always in control. Sadly complications can occur during pregnancy and birth, that no one can prevent.

1. Birthing in a Department of Health (DoH) facility

The majority of women in our country will deliver in Department of Health facilities. This is usually, for women that do not belong to a private Medical Aid or do not have the finances to pay for birthing in a private facility.

It starts with receiving antenatal care from a public/municipal clinic. This care is rendered by a Midwife. Sonar's are not routinely done unless

there is reason for concern. If the pregnancy is considered low risk and without any obvious pregnancy complications, the delivery will take place at a Midwife Obstetric Unit/ or DoH hospital in your area.

If there are any identified and obvious risks, the patient will be referred to a higher-level facility, where an Obstetrician or doctor will take over the care. Women fear delivering in DoH facilities, because there are so many horror stories told. Often this is not true and women receive good care, and guidelines are often followed with the required impeccable, diligence, especially in training hospitals where academic departments and students are involved.

2. Choosing a Private Midwife

A private Midwife has their own practice and takes a limited amount of clients at a time. They, ideally, provide antenatal care and is on stand-by for their patients 24/7. Sonars are done at certain visits. They will do the delivery, usually with

a support midwife present. A gynaecologist will be on stand-by during the labour, should any complications occur or should a Caesarean section become necessary. If the patients have delivered in hospital with a private midwife, the mothers are usually discharged after a few hours, and the midwife will continue to visit them at home.

With a private midwife you can birth in three facilities

Some private hospitals have active birthing units that allows midwives to work there. There are even a few facilities across the country that specializes only in natural birth.

Most midwives have private birth centres/ houses. These are fully equipped for anything and everything relating to natural birth and its possible complications. If a Caesarean section becomes necessary the mom would have to be transferred to a hospital.

Private midwives can do a Home birth, at the patient's own home. It is wonderful to witness how different a woman's body reacts when she is in her own environment. This option may sound way-out, but it really is

not. It is how women have been giving birth for thousands of years, but with a trained and experienced professional present.

3. Delivery with a Private Obstetrician

This is the best option for women with high-risk factors in pregnancy. In South Africa, however, even most low-risk mothers, who birth in private hospitals, will also birth with an obstetrician.

4. Birthing with a private hospital birthing team

This is a fairly new option in South Africa, in response to an increasing need. Many women do not have medical aid, but they may have some funds available for the birth, even if it is not enough to pay for a full hospital delivery with an obstetrician.

A few hospitals across the country has rolled out programs where moms can birth with the labour ward midwives, while a gynae is on stand-by. They typically offer less expensive birth options. Each facility has their own protocols for care.

If the patients have delivered in hospital with a private midwife, the mothers are usually discharged after a few hours, and the midwife will continue to visit them at home.



Ways to Give Birth

Vaginal birth:

During labour the patient will receive care from the midwives on duty in the labour ward, and they will call the doctor to come and do the delivery when the birth is close.

In the DoH sector the Midwife will continue with the delivery if no complications.

If there are any complications during the labour, your doctor may choose to do an unplanned (emergency) Caesarean section.

Elective Caesarean section:

This may be done, either by choice or for medical reasons. The patient will receive a date and time

in advance and will be admitted to the hospital for the procedure.

It is important to know that there is not one option that suits everybody. So do some research, make the effort to look at a few options, and in the end listen to your gut feeling on what would be the best option for you as an individual.

Also remember that even though you have a medical Aid, it doesn't mean that all the costs are covered. Make sure you find this out as well.

Some Info from: info@babywombworld.com





WHO ARE WE

At CarePro we are focused on providing quality Health Care products, Homecare equipment, and improving our customers' well-being. It is with great compassion that we realize that many members of society will at some stage in life have the need for quality health care products to assist with maintaining a healthy living standard.

We distribute a variety of health care products to cater for the need of Individuals, Care Facilities, Medical Aid Schemes, Sub acute centres, Retirement Estates, Hospitals, Private practices, Recovery Centres, Rehab facilities, Medical doctors, Nursing staff and clinical professionals.

We have a special interest in Electric Home Care beds with modern functions, Hospital Care beds, as well as Specialized Air mattress systems. CarePro also collaborates with various other professional medical partners so as to give you informed product information and service.



HOW WE STARTED

CarePro was started by two professional individuals with international company experience in the Care field who realized and saw the very serious need for people from all walks of life to have Care bed options available to them, especially seeing that the hospital environment alone will not provide the necessary every day relief people often seek.

Often just the practical application of modern day bed technology in the comfort of your own home, or local environment, can make all the difference towards a quality daily lifestyle.



OUR GOALS AND FUNCTIONS

It is our goal to provide suitable and affordable Care bed products and related healthcare solutions to all customers, and in a cost-effective manner and without any compromise on care.

We believe that by aligning with CMASA members' focus on quality care solutions, we can play an increasingly role in improving patient outcomes throughout numerous care facilities nationwide, and especially within the Homecare environment.



OUR PRODUCTS AND SERVICES

It is our goal to provide suitable and affordable Care bed products and related healthcare solutions to all customers, and in a cost-effective manner and without any compromise on care.

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SHORT-TERM AND LONG-TERM RENTAL



CASH PURCHASE



CAREPRO FINANCING



When you choose to rent a care bed, the following is included:

- Care bed or Hospital bed
- Anti-bed sore / pressure care mattress
- Full safety side rails
- Patient lifting pole / IV pole
- Battery backup system (UPS)

Through our experience in the care industry, we have found the following beds to be the best option for both care facilities and individuals:

CB1001 STANDARD CARE BED

The CB 1001 is a 5-function electric every-day care bed. The bed is meticulously designed to make caring as easy as possible, while providing comfort, mobility, versatility, and support to the patient. Industry leading lowering height makes this bed suitable to variety of care environments.

A popular choice due to stylish wooden furnishings and exceptional value for money.

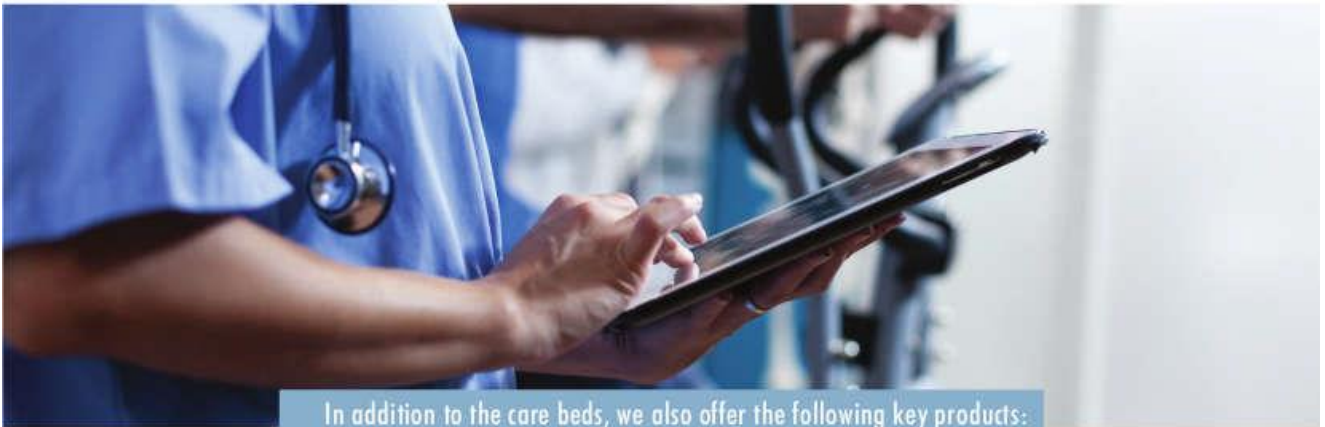
HM3001 HOSPITAL BED

This 3-function electric bed is designed with clinical care, mobility, versatility, and patient safety in mind.

The bed makes it easier for healthcare professionals to always deliver quality care, and assist especially nursing staff with their daily care tasks.



Both these beds offer electrical adjustments for the backrest lift, leg-rest lift, and height adjustment.



In addition to the care beds, we also offer the following key products:

Pressure care mattresses

Overbed tables eating trays

Air mattress systems

Manual and electric patient hoist



3 Function Electric Bed



3 Function Electric Bed



3 Function Electric Hospital Bed



3 Function Manual Bed



5 Function Electric Bed



AM 1004 - Ripple Air Mattress

We deliver and install nationwide.

I trust that the above information gives you good insight into our company, our goals, and what we are about. Let us see what we can achieve together!

T: 021 201 7199
M: 072 836 6193 (Nicolene Jacobs)

enquiries@carepro.co.za
www.carepro.co.za





MEDCARE MEDIA

WE PROVIDE YOUR HEALTH SOLUTION

OUR **ADVANTAGES**

By using the patient data, and with detailed analysing, we are able to advise on how to improve patient outcomes, optimally use resources, minimize risks, offer relevant training, and advise on most economic treatment practices.

Medcare Media, together with a research foundation is taking part in the development of a robust statistical model. This model uses predictive analysis to identify patient outcomes for different groups of patients, and throughout various types of medical care practices and services.

OUR **FOCUS**

Medcare Media has a keen focus in the palliative care, oncology, homecare, geriatric care, stroke and trauma care, as well as rehab care environments. These environments account for 45% of all SA healthcare spend.

OUR **VISION**

By using the scoring measure software provided by Medcare Media we have an excellent opportunity to all work together and make a real difference in people's every-day lives.

OUR **VALUES**

Improving your practice processes, customer service offerings and patient treatment outcomes with excellent and user-friendly software, training solutions, and bespoke advice services!

ABOUT **US**

Medcare Media is focussed on providing healthcare software to healthcare facilities, clinical staff and individuals alike. One of our key missions is to contribute to the development of nursing and care services in South Africa.

To achieve this, Medcare Media makes use of newly developed measures on patient outcomes which provide standardised data on the patient's health condition.

Clinical professionals observe the patient within a structured format and arrive at a validated score. This patient evidence-based data, provided routinely by medical staff, produces numerous new opportunities to the medical profession. More importantly, it provides the medical profession with the ability to quantify the value of the care processes and plans.

Medcare Media software measures are a family of nursing tools establishing a patient's health condition across the continuum of nursing care. This includes care, nursing and rehab services throughout a variety of environments such as case management, hospitals, clinics, sub-acute care, homecare, rehab care, social work, medical practitioners, and psychology.

Our customers can use the statistical analyses based on the data collected from patient scores to improve patient outcomes and further develop care plans.

Customers are provided with a software application login for their mobile phone/android/apple tablet or with a desktop login to enter the patient data and, if needed, monitor the nursing and multi-disciplinary team's progress reports.

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Gynaecological Cancers

By Dr Zethu Mtimkulu

World's 10 most common cancers in women

- Breast
- Uterus
- Colorectal
- Ovary
- Cervix
- Liver
- Lung
- Thyroid
- Stomach
- Non-Hodgkin's Lymphoma

Discussion on some of these cancers

Breast Cancer

Signs

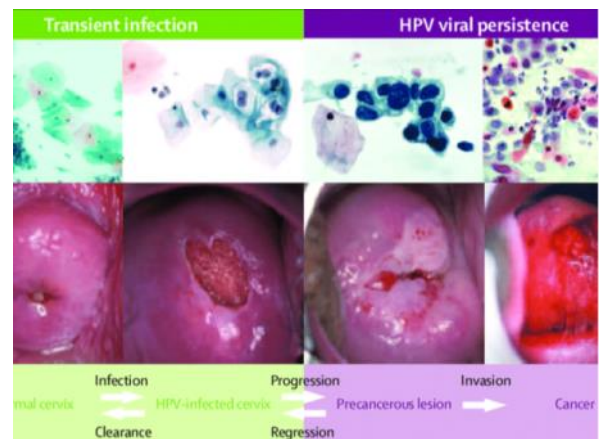
- New lump in breast or underarm
- Thickening or swelling of part of breast
- Irritation or dimpling of breast skin
- Redness or flaky skin in the nipple area
- Pulling in of the nipple or pain in nipple area
- Nipple discharge other than breast milk including blood
- Any change on size or shape of breasts
- Pain in any area of the breast

Cervical Cancer

3rd most common Ca in women. 8.8% of all female cancers. Responsible for about 275 000 deaths.

Risk factors

- Can be considered as an STD
- Early age <18 years of sexual debut increase risk of cervical Ca
- Women with a Hx of HPV infection
- Multiple sexual partners
- Many children
- Lower socio-economic class are at a higher risk
- Women with husband that have many sexual partners
- Cigarette smoking
- Immune deficient
- Women with uncircumcised sexual partners



Prevention

3 modalities of Ca Cx prevention

1° prevention

- Prevention of HPV infection through sexual abstinence, healthy lifestyle and HPV vaccination. HPV vaccination prevents HPV

- related precancerous cancerous lesions
- HPV is the primary aetiology of CaCx
- 2 types of HPV vaccines:
 - Quadrivalent against HPV 16,18,6,11
 - Bivalent against HPV 16&18

2° prevention

- Does not prevent HPV infection
- Detection and treatment of precancerous state through screening
- Stops progression of disease
- Every 2-3 years as effective as annual screening
- Risk of developing invasive Ca Cx is 3-10x greater in women who have not been screened
- Risk also increases with long duration following last normal screening test.

3° prevention

Detection and treatment of early stage of cancer

- **Screening of Cervical Ca**
 - Pap smear
 - Cytology
 - HPV tests
 - visual inspection
 - 2° prevention
 - Stops progression of disease
 - Every 2-3 years as effective as annual screening
 - Risk of developing invasive Ca Cx is 3-10x greater in women who have not been screened
 - Risk also increases with long duration following last normal screening test
- **Presentation of Cervical Ca**
 - Abnormal vaginal bleeding
 - Post coital bleeding
 - Blood stained mucus
 - Pelvic pain
 - Foul smelling PV discharge

- Pelvic pain, urinary problems of constitutional
- symptoms-strong indication of advanced disease
- Late stage-SOB, bone pain, severe headache, neurological
- problems, LOA, LOW
- Lymphoedema
- DVT due to venous obstruction

Endometrial Cancer - 2 Types

Type 1

- Associated with obesity, nulliparity, insulin resistance and increased oestrogen
- Related to increased exposure to oestrogen
- Better prognosis

Type 2

- No predisposing factors
- Elderly or thin?
- Have a poorer prognosis

80% of Endometrial Ca are Type 1

Risk factors

- DM and HPT increased risk
- Use of contraceptives decreases risk by more than 40% after 1 year of use
- Smoking reduces the risk.
- Pregnancy is protective due to increased progesterone levels by placenta

Prevention

- Weight reduction and physical activities
- Use of IUCD and Tubal Ligation lowers the risk
- Use of contraceptives
- Screening
- No effective screening method
- Presentation
- Majority are postmenopausal women
- Commonest Sx is PMB

- Abnormal PV discharge
- Abnormal PV bleeding in premenopausal women
- Pressure Sx due to uterine enlargement
- Dyspareunia

One of the most lethal gynae malignancies due to late presentation, poor response to treatment and high recurrence rate.

It accounts for 3-7% of all women cancers.

Mostly seen in the 70-74 years age group.



Ovarian Cancer

- The greater the number of children, the less the risk
- The birth of the 1st child reduces the risk by 45%
- Further pregnancies reduce the risk by 15% each
- Breastfeeding reduces the risk
- Tubal ligation reduces the risk
- Ovulation induction agents increases the risk
- OCP decreases the risk by 30-60%
- Hx of breast, bladder and colon Ca, also increases the risk
- Early menarche and late menopause are risk factors

- Older than 30 years of age at 1st pregnancy
- Genetic factors
- BRCA, BRCA2

Other factors

- High intake of meat or animal fat diet increases the risk
- Low fat diet may decrease the risk in postmenopausal women
- Obesity also increase for Ovarian Ca

Prevention

- OCP taken at least 5 years decrease relative risk by 50%
- T/L and Hysterectomy decrease the risk
- Prophylactic oophorectomy at the time of Hysterectomy for benign conditions
- Genetic counseling for BRCA and BRCA2

Screening

No effective screening method

Presentation

- 75-85% of patients have late stage disease at the time of diagnosis
- Most common presentation
- Abdominal discomfort
- Abdominal pain and distension
- GIT symptoms eg nausea, dsypareunia
- Fatigue
- Abdominal mass
- Back pain
- Diagnosis is usually made by abdominal and pelvic examination
- Adnexal mass in premenopausal and postmenopausal women has a higher likelihood of being cancerous

Clinical Coding in South Africa - Where do we Stand?

By Erna van Rooyen (RN, CPC, CCMSA, Netcare Coding Training and Compliance Manager, Director CMASA)

Do you find it difficult to code? Do you see it as an annoyance in the case manager's life? An unavoidable evil that causes conflict.



OR do you enjoy coding and see it as a challenge to code as correctly as possible?

The History of ICD-coding

Did you know that one of the people who initiated the development of coding was Florence Nightingale?

In 1863 she said: "I am to sum up with an urgent appeal for adopting some uniform system of publishing the statistical records of hospitals. There is a growing conviction that in all hospitals, even in those which are best conducted, there is a great and unnecessary waste of life. In attempting to arrive at the truth, I have applied everywhere for information, but in scarcely an instance have I been able to obtain hospital records fit for any purposes of comparison."

"With fixed data, we can readily obtain the proportionate mortality, not only of the whole hospi-

tal, but of every ward in it, and the proportionate mortality and duration of cases for each age, sex, and disease. These methods, if generally used, would enable us to ascertain the mortality in different hospitals, as well as from different diseases and injuries at the same time and at different ages, the relative frequency of different diseases and injuries among the classes which enter hospitals in different countries, and in different districts of the same country. They would enable us to ascertain how much each year of life is wasted by illness, what diseases and ages press most heavily on the resources of hospitals."

With regards to evidence-based approaches to surgery, she believed that "improved statistics would tell us more of the relative value of particular operations and modes of treatment than we have any means of determining at present and this information would enable us to save life and suffering, and to improve the treatment and management of the sick."

"Statistical records of hospitals, if they could be obtained, would show subscribers how their money was being spent, what amount of good was really being done with it, or whether the money was doing mischief rather than good." Florence Nightingale in Notes on Hospitals, London: Longman, Green, Roberts, Longman, and Green, 1863.

Even today, these principles are still applicable. All of them are still part of the basic building blocks of collecting data in a systematic order; they just evolved as the years went by, knowledge/research improved, and more statistics could be obtained.

A Few Other Facts

- 1820-1910:** Florence Nightingale
- 1893:** Jacques Bertillon (statistician) Drs. Farr, Graunt, Norton, Florence Nightingale
- 1945-1949:** ICD-6 – 1949, remember there were no computers, only libraries
- 1970:** ICD-9
- 1992:** ICD-10
- 2005:** SA rolled out ICD-10
- 2014:** USA moved from ICD-9 to ICD-10-CM [A modified version of the WHO codes]
- 2022:** ICD-11 successfully rolled out in many WHO member countries, including a few African countries like Uganda and Ethiopia, and the International Classification of Health Interventions [ICHI] for procedural coding is in its final testing phase.

The Present

Important to note that the WHO have two core constitutional responsibilities:

1. Maintain AND
2. Develop

International classification systems for health as well as to standardize diagnostic procedures. The 194 member states of the WHO agreed to an international treaty to use the ICD as the standard for collection and reporting health information.

Having said that, I believe that the primary responsibility of anyone who works in a cod-

ing environment, has always been to constantly educate themselves. Although businesses play a significant role in the education process, it is ultimately the responsibility of the individual to master a skill.

Have you gone the extra mile to equip yourself with coding knowledge? We tend to forget how powerful data is when we code a single event. How it is used in research, product development, trend analysis, benefit designs, etc., not only in our own environment but on an international level.

Coding goes hand in hand with the Clinical Code of Conduct [added to this article]. If you are a coder, you are affected by this conduct.

Current coding systems include but are not limited to ICD-10, CPT®/CCSA, SADA, Doctor billing codes [NHRPL], ICD-O, and UPFS. Depending on your position, the code range that you work with may differ.

The Future

For the time being, we will continue to use these coding schemes, but we should not be under the impression that this is the way it will stay. In 2019, the presidential health compact broke down the work that is currently happening under what is called 'Pillar 9'.

Pillar 9 relates to the development of an information system that will guide health system policies, strategies, and investments, and this was linked to a time frame of 2021- 2024. COVID-19 did have an impact to some extent on the implementation dates, but even that will only delay the final implementation process by about 2 years. The Pillar 9 team is

pushing forward on this initiative, and we cannot think or believe that it will not affect the way we code, manage coding, or use data that is coded.



The most recent dates of implementation have not been released by the Department of Health, but they've also not been changed and still stand at April 2024.

There are several points listed in the Pillar 9 key activity list, but for the sake of this article, I want to raise only this one:

**Copied from the Presidential health compact Power Point presentation:*

	Key activities	Indicators	Timeline	Rating
Standardisation of health diagnostic and procedure coding systems	Implement a harmonised WHO classification for topographical, diagnostic (general and specialized), procedural, pharmaceutical and outcome coding across the health system including but not limited to the transition of revised systems, e.g., ICD-10 to ICD-11 or introduction of International Classification of Health Interventions (ICHI)	50 % of public health facilities implementing identified coding systems	2024	2

While we merrily continue to code ICD-10, CPT®/CCSA, and UPFS, there are many things going on in the background. We should not only be aware of this but also be prepared for it.

While organisations like PHISC and employers will undoubtedly play key roles in implementing the new coding systems and providing software updates, training, and support, we should not overlook the fact that, in the end, we need to put forth the effort and equip ourselves with the knowledge that we will need to correctly code with ICD-11 and ICHI.

As one of the influential individuals at WHO stated: *“Kicking and screaming, the world will not have a choice but to use the new coding systems in the future.”*

I strongly advise you to start preparing for this transformation, whether you work in healthcare as a case manager, coder, manager, in IT, or in any other department. You should, at least for now, become familiar with the "look and feel" of these coding paradigms is a good place to start.

Change is uncomfortable and the unknown might



International Classification of Health Interventions (ICHI)

scare us. I can assure you that this new development in our daily business will only be an asset. You will enjoy having so much information available to you. Embrace this change and enjoy the ride!



CMASANOW Advertising Opportunity

CMASANOW Magazine is our very own publication, specifically geared towards the Case Manager. This is a quarterly publication packed with interesting articles, the latest international and local industry news, as well as vital information to help you become the best case manager possible.

Should you or your business be interested in featuring and advertising in CMASANOW, please contact **Carol Garner on 010 592 2347 or email info@casemanagement.co.za**.

Word Search

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S L C N E T A C U D E N S T A	CREATE
G A A E B E E Q U I P M E N T	PLAN
L N S N T T G V K L C N N A N	ASSESS
L Z E U O A D W Y B D Q E J A	MONITOR
C I M M G I E A H J E V T E L	EDUCATE
N A A O E O S R M W C I A S A	MEASURE
O J N V N A F S C J S T C A R	OUTCOMES
K J A A J I S S E U D P O M R	DISCHARGE
S H G B D Z T U A F P A V K E	EQUIPMENT
S X E R U Y B O R I O N D G F	CASEMANAGER
E F R R S H A E R E Z R A G E	PROFESSIONAL
S J T Z T S I L A I C E P S R	SPECIALIST
S E M O C T U O A H A J X J M	REFERRAL
A N R E P O R T B P E K E L K	REPORT

Recipe

Air Fryer Frittata



PREP TIME 5 mins	COOK TIME 15 mins	TOTAL TIME 20 mins
COURSE Breakfast, brunch, lunch	CUISINE American	SERVINGS 2
		CALORIES 377 kcal

Equipment: Air Fryer

Ingredients:

- 4 large eggs
- 1/4 cup heavy cream
- 1/2 cup Cheddar cheese shredded (or 4 oz)
- 1/2 large bell pepper diced
- 1/2 cup mushrooms sliced & sautéed until cooked
- 3-4 slices of bacon cooked & crumbled
- Salt & Pepper
- Tobasco or Sriracha optional
- Chives optional

Method:

1. Get out and measure all of your ingredients.
2. In a medium bowl, whisk together the eggs and heavy cream.
3. Fold in the cheddar cheese, bell pepper, mushrooms, and bacon.
4. Pour the mixture into a prepared 6” cake tin. Season with salt and pepper.
5. Place the cake tin into the basket of the air fryer and cook at 350 degrees Fahrenheit for 12-15 minutes, or until the eggs have cooked through (you can check by poking a toothpick into the center, it should come out clean).
6. Allow to rest for 3-5 minutes before running a knife along the edge of the cake tin to loosen the frittata.
7. Serve immediately with Tobasco or Sriracha.
8. Garnished with chives, if desired.

Note from the desk of the Exco Chairperson

Carol Garner



Greetings,

I trust you have all had a great start to 2023, for some last year was possibly the hardest for a long time but we came through it.

Load shedding is affecting us and our patients so badly and once again our creative side has to come into play when managing patients on electrical devices. It's an opportunity to be "switched on" in both our personal and professional lives and demonstrate that no matter what is thrown at us we will cope.

We will soon be sharing some exciting news about our USA activities and their ongoing support for us, I encourage you to check out their website cmsa.org in the meantime.

There are 2 months to go before [conference](#) and it promises to be great, the plans are well underway, and we look forward to seeing a bumper attendance. The feedback from the last conference has been noted and the workshop will once again focus on the practical side of case management as we go through case studies.

I am looking forward to seeing you all soon.

Until we meet again.

Stay Passionate about your Profession.

Carol